1. PLACE OF DEATH	CERTIFICATE OF DEATH 0771	10
County Home	Registration Dist. No. 19	1
Village or City Offerthan	No. St	War
) (II	f death occurred in a hospital or institution, give its NAME instead of street and numbe	er)
Length of rasidence In city or lown whera death occurredyrsomos	sds. How long in U. S. if of foreign birth?yrsmos	d
2. FULL NAME Thomas Oliver Conter	ell	
(a) Residence: No. (Usual place of abode)	St., Ward.	
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	
B. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
OR DIVORCED (write the word) It married, widowed, or divorced	July 7 193	(Year)
HUSBAND of Clericles Ballerill	22. HEREBY CERTIFY, Thet I attended decease	sad from
DATE OF BIRTH (month, day, and year) march 22, 18,52	I last sow h _ con alive on _ Jeliss 4 19 31 deal	th is sai
. AGE Years Months Days If LESS than	to have occurred on the data stated above, at	
83 3 12 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	
8. Trade, profassion, or particular	Date	e of onse
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Ostenoseleroses	Š
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	1 types hensing Heast dearen	3
10. Date decaasad last worked et 11. Total tima (years)	. 1	day
this occupation (month and 934 spent in this due occupation	metral insufficiency of chronic organisation	
2. BIRTHPLACE (city or town)	Dther Contributory Causes of importance:	0.2.1
(State or country) mary and		-0.0
13. NAME Thomas Batterill 14. BIRTHPLACE (city or town)	4.	
14. BIRTHPLACE (city or town)	Name of operation Date of	_
(State of country) Cugadaya	What test confirmed diagnosis? Was there an autops	y? L
15. MAIDEN NAME Ely abeth Logan	23. If daeth was due to externel ceuses (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Ely abeth Logan 16. BIRTHPLACE (city or town)	Accidant, suicide, or homicida? Date of Injury,	19
(State or country) Muhaman	Where did injury occur?(Specify city or town, county and State)	
7. INFORMANT Marion Butterill (Address) Paullis Parier	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
8. BURIAL, CREMATION OR REMOVAL	Mannar of Injury	
Place traffland Date 6 ,192	Natura of Injury.	
9. UNDERTAKER 7.0 / Liginal ochout 7. (Address)	24. Was diseese or injury In any way related to occupation of daceased?	
10. FILED July 5 103 & 1014 Finall	(Signad) for Office way	M.
Registrar.	(Address) Cleanfuly n	-dh

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVE	7915	Attack of epilepsy	1 week ago	
Chronic interstitial nephr	itis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	AUG 5 1935	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S				
Other contributory cau	ses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

STATE OF M	ARYLAND—CER	TIFICATE OF DEATH 0779
1. PLACE OF DEATH		
County Howard		Registration Dist. No
Village or City Elpridge	NoNo	
Length of residence in city or town where death occur		red in a hospital or institution, give its NAME instead of street and number) s. How long In U.S. If of foreign birth?yrsmos
0/10		
2. FULL NAME		
(a) Residence: No	al place of above on which	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL P	ARTICULARS	MEDICAL CERTIFICATE OF DEATH
	E, MARRIED, WIDOWED, VORCED (write the word)	TE OF DEATH (Month) (Day) , 1937
e. If married, widowed, or divorced HUSBAND of Corp. WIFE of Nalph C.	Evans 22. In	HEREBY CERTIFY That attended deceased
DATE OF BIRTH (month, day, and yeer)	~ 2 1-1905 Wast say	1 1 104 -11 ~
		occurred on the date stated above, at
29 11 2	1 day,hrs. The PRI were as	NCIPAL CAUSE OF DEATH and releted causes of importance
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	mestré C	oronory Thrombox 2/
9. Industry or business In which work was done, as SILK MILL,		
SAW MILL, BANK, etc	. Total time (years) spent in this occupation	<i>V</i>
/ Però		outributory Causes of Importance:
2. BIRTHPLACE (city or town) (State or country)	10x	The state of the state of
13. NAME Raymon	Bank	my great
	120	operation Date of C
14. BIRTHPLACE (city of town)		operation Date of Was there an autopsy?
15. MAIDEN NAME Follie He	0/10 04	th was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Craw Ro	4	, suicide, or homicide?
(State or country)		id injury occur?
7. INFORMANT ROLL C. (Address)		(Specify city or town, county and State) whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
8. BURIAL, CREMATION, OR REMOVAL	Manner	of injury
Place Dete	Neture of	
9. UNDERTAKER Havry H. Wil	24. Was d	lisease or injury in any way related to occupation of deceased?
10. FILE Chig 2 1935 Mise	100. 11/11	(Address) Elkain

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	(6)	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioscierosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nophritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage GFP 4	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	(H-20)
	County Howard Our	Registration Dist. No.
tem of should	Village or City Elleut City Med'	No. St., War
. = 9	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Every MANS Sment	Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. If of foreign birth?yrsmosd
KD. Every YSICIANS	2. FULL NAME Bally Rulgash	
D. SI	(a) Residence: No. Elwatt City, nel C	District Ward.
	(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
REE. PH	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Y. E	OR DIVORCED (write the word)	July 19 19335
T L ed.	5a. If married, widowed, or divorced	(Month) (Day) (Yaer)
BINDIN PERMANH EXACT y classifie	HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, Thet attended deceesed fro
ND SM/ X A X A clas		July 1935, to July 19 193
BINI EX / EX / y clas	6. DATE OF BIRTH (month, day, and year) 7-19-3	Hast saw h elive on fig., 1930; death is sa
	7. AGE Yaars Months Days If LESS than 1 day,	to have occurred on the date stated abova, at
FOR IS A I stated properly	O O O Omin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
- 70	8. Trade, profession, or particular kind of work dona as SPINNER.	- A - A - A - A - A - A - A - A - A - A
ED HIS	o. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 3-Industry or business in which	Jamelya Jal
ERVI NK—TJ should it may n back	work was done, as SILK MILL, SAW MILL, BANK, etc.	alabelales X19
INK.	11. Total time (yaars)	19.3
	this occupation (month and spant in this occupation yaar)	
2 4 - 9	12. BIRTHPLACE (city or town) Ellacott City	Other Contributory Causes of importanca:
GIN 'ADI	(Stata or country) Manyland	
RC NE.	II 13. NAME august Gulgach	
ITH UNFA	13. NAME 14. BIRTHPLACE (city or town) Blenst Cuty Md'	Nama of operation Date of
70	(State of Country)	What test confirmed diagnosis? Was there an eutopsy?
WY efull in p	15. MAIDEN NAME VIEW Whileax.	23. If death was dua to extarnal causes (VIOLENCE) fill in elso the following:
	16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Data of injury, 19
be c EAT	X (State or country) Manyleud	Where did Injury occur?
d b b	17. INFORMANT Queust - Sulgash	(Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
E PLANLY, should be can OF DEATH	(Address) Celevett elle	
E S S	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
-WRITE mation s CAUSE TION is	Place M	Nature of injury
-WRIT mation CAUS TION	19. UNDERTAKER 7. (. / drg welvelhayer	24. Was diseasa or injury in any way related to occupation of deceased?
B.	(Address) Cultured Cul mily	If so, specify A A Terrary
vi . (T)	20. FILED July 9, 19 34 LOTY of israel	(Signed) M.
	Registrar.	(Address) / Chilleso Company - fly
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 16 5 1935	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			10.11	

STATE OF I	MARYLAND—CERTIFICATE	OF	DEATH
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1. PLACE OF DEATH	CERTIFICATE OF DEATH
County Novas	Registration Dist. No. 193
Village or City (1)	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long In U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME / Tells from (a) Residence: No. Caskes les (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July (Day) (Year)
5a. If married, widowed, or divorce HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs.	22. HEREBY CERTIFY. That I attended deceased from the feel 1901, to 1912 deeth is said to have occurred on the date stated above, at
Trade, profession, or perticular kind of work done, as SPINNER, CAMPER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onact Charles angocardetics Auration: Four months
year) occupation 12. BIRTHPLACE (city or town) (State or country)	Other Contributary Causes of importance: Walvalore descare of heart, with anyocarditis. Cut of \$18/1925.
14. BIRTHPLACE (city or town) / / (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sarsett. William 16. BIRTHPLACE (city or town). (Stete or country) 17. INFORMANT (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Bush Durk Date July 3, 1935	Manner of injury
19. UNDERTAKER M. Swifch	24. Was disease or Injury In any way related to occupation of deceased? If so, specify
20. FILES Wy 2 , 19.3 5 Market Registrar. If more blanks are needed, address State Registrar.	(Signed) M. D. (Address) Classes M. D. 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis-1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Authorization is on file in the Bureau of Vital Statistics for changing the date of birth on the original death certificate of Belle Jones.

8-8-35. See copy of certificate under Dr. Nichols.-A.S.

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1. PLACE OF DEATH	CERTIFICATE OF BEATH
County Havered.	Registration Dist. No. 191
Village or City Lleuely (1	NoSt.,Ward F death occurred in a horpital or institution, give its NAME instead of street and number) Jos. How long in U.S. if of foreign birth?yrsds.
O I N I	If U.S. Veteran specify WAR. World,
2. FULL NAME carl O l'ung	13. A
(a) Residence: No. 920 Memory (Usual place of Abode)	Mdrd Mir nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED swrite the word Order of the word	21. DATE OF DEATH 7
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Stare Frue,	22. I HEREBY CERTIFY, That I attended deceased from
109/	I last saw h eight of 19 death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 4// m.
38 10 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
R Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	matinh Filian of
9. Industry or business in which work was done, as SILK MILL, Co. SAW MILL, BANK, etc. 10. Oate december of month and 7 1/9 11. Total time (years), spent in this second in this december of the programment of the second in this second in the second in this second in this second in the secon	Skull
10. Oate deceased last worked at 7 - 193 11. Total time (years) spant in this 203 year) 10. Oate deceased last worked at 7 - 193 11. Total time (years) spant in this 203 year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country) Portamouth Oliv	5
13. NAME Clyde & King	
13. NAME Clyde & True 14. BIRTHPLACE (city or town)	Name of operation Dete of
(State of country)	What test confirmed diagnosis?
15. MAIOEN NAME Sarah J. Mostre 16. BIRTHPLACE (city or town).	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Accident. Date of Injury. 7-16, 1937
(State or country)	Where did Injury occur? [Haward Co. Mc[.] (Specify city or town, county and State)
17. INFORMANT Howard I havdel (Address) 36/6 Jun. Oak ane.	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL, PIECE Parlimenth Chare 7-78, 1931	Manner of Injury Struck Pole with Stulanwhile. Nature of Injury Multiple Fracture of Skull
19. UNDERTAKER Wy Cook. (Address) Bolto.	24. Wes disease or injury In any way related to occupation of deceased? 740
20. FILED July 16 , 19 30 West Finsel	(Signed) Stanley 6. Je rauthum M. D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

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10.-The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Pertonitis	3 days ago
Other contributory causes of importance:	100	Other contributory causes of importance:	
Gallstones	May 1,1923	1 1	1 year
ADDITIONAL SPACE F	OR TURNE		

STATE OF M	ARYLAND-	CERTIFICATE	OF DEAT	H 07	796 -
1. PLACE OF DEATH	/	92.0)	9 4	4.0
County Traward			Registration Dis	t. No. / /	13
Village or City Yenner	A	No f death occurred in a horpital or justi	tution give its NAME in	St.,	Ward
Length of residence in city or town where death occurr			of foreign birth?		
2. FULL NAME Joseph	Willison	1 Thomas			
(a) Residence: No. (Usu.	al place of abode)	St.,Ward.	If nonresident give	city or town and	I State
PERSONAL AND STATISTICAL P	ARTICULARS	MEDICAL	CERTIFICATE O		
	E, MARRIED, WIDOWED, VORCED (prite the word)	21. DATE OF DEATH	Selly	2-	, ₁₉₃ J
5a. If married, widowed, or divorced			(Month)	(Day)	(Year)
HUSBAND of Cory WIFE of Land		22. I HEREB	Y CERTIFY.	That I attended	deceased from
1870	1	1-1	, 1934 to July	1	, 19 <i>3_U</i> _
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Da	ys If LESS then	1 last saw h.l.m aliva on	1		; death is said
sheet 63	I dey,hrs.	to have occurred on the date sta The PRINCIPAL CAUSE OF DEA			
8. Trade, profession, or particular	ormin,	wera as follows:	- /	- mportane	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	man .	Yulrulas a	1	h L	
work was done, as SILK MILL, SAW MILL, BANK, atc			sucare of	rusa:	
	T. 1 1 1		·	,	
this occupation (month and year)	Totel tima (years) spent in this	ja de la			
70017	occupetion	Othar Contributory Causes of Imp	portance:		
IZ. BIRTHPLACE (city or town) (State or country)					
	They are				
13. NAME Quality of town)	nomar				
14. BIRTHPLACE (city or town) (Stata or country)		Name of operation		Data of	
THE POPULATION OF THE PARTY OF	my an	What test confirmed diagnosis?			
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	rown	23. If death was due to extarnal ca			
16. BIRTHPLACE (city or town) (Stete or country)		Accidant, suicide, or homicide?	Data	of Injury	, 19
(Siete of County)	my en	Where did injury occur?	(Specify city or town	n, county and State	(e)
(Addrass)	hazhar	Specify whether injury occurred	in INDUSTRY, In HOME,	or in PUBLIC PLA	ACE.
18. BURIAL, CREMATION, OR REMOVAL	of pricy	M			
Plece Lauf Cana Dete	July 4, 19 78	Mannar of injury			
19. UNDERTAKER St. Massay	ygler	24. Was disaase or injury in any	way ralatad to occupation	of deceased?	
(Addrass) mti ack	the of	If so, specify	11/11	- 7	
0. FILED MAY 3 , 10 5 ///	Maslan Registrar.	(Signed) (Address)	lastesoule	my	M. D
If more blanks are no	eeded, address State Registrar,	2411 N. Charles Street, Baltimore, R	equesting U. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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MIREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH	07791
1. PLACE OF DEATH	(q):(a)	
County Howard	Registration Dist. No.	74
Village or City Meas Thy Ward	No. St., death occurred in a hospital or institution, give its NAME instead of street an	Ward
Length of residence in city of town where death occurred	As. How long in U.S. If of foreign birth? yrs.	
2. FULL NAME So cheam No Sh	elling	
(a) Residence: No. Highland Mg,	St., Ward.	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town a	
3. SEX , / 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
OR DIVORCED (write the word)	July 31	, 193
5a. If married, widowed, or divorced	(Month) (Day)	(Year)
HUSBAND of Masse M. Malling	22. HEREBY CERTIFY, That I attend	ed deceased from
11/11/11/19/19	White 1933, to ruly 3	196
6. DATE OF BIRTH (month, day, and year) Clean Amount of LESS than	to have occurred on the date stated above, at 230 0 m.	12.; deeth is said
7 - 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade profession, or particular	were as follows:	Date of onsat
6 kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Januer	Carte A Outal se	1.18
kind of work done, as SPINNER, . SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL BANK, etc. 10. Date deceased last worked at this occupation (wonth and	A A A A A A A A A A A A A A A A A A A	Grandan
SAW MILL BANK, etc.		
10. Date deceased last worked at this occupation month and 1/93 special this occupation.	j	
12. BIRTHPLACE (city or fown)	Other Contributory Causes of importance:	
(State or country)	Toloriles designed	141
13. NAME IN M. Stelling	heart	
14. BIRTHPLACE (city or town)	Name of operation Date of	
(State of country)	What test confirmed diegnosis? Was there a	n autopsy?
15. MAIDEN NAME Mary Crawford 16. BIRTHPLACE (city or town) African Control of the Control of t	23. If death was due to external causes (VIOLENCE) fill in elso the follow	ring:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury	, 19
State of couplry)	Where did injury occur? (Specify city or town, county and S	State)
17. INFORMANT / USS Cury for JUST 1961	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC	
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury	
Y. Afails They war do to le go 2: 19 35	Nature of injury	
19. UNDERTAKER LATIN Harain	24. Was disease or injury In any way related to occupation of deceased?	
20. FILED LIGHT, 1935 JE Brokesto.	(Signed) Sa Asalus (Address) Carlos (Signed)	hig M.D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
THE REPORT OF S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year